

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10623378 FILING DATE

APPLICANT(S)

12/29/04

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
6						
7						
8						
9						
10		1				
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								